

REPORTS OF CASES OF INSANITY FROM THE  
INSANE DEPARTMENT OF THE  
PHILADELPHIA HOSPITAL.\*

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*Chronic Mania.*

M. Q. was admitted March 22, 1872, to the hospital. This was his second admission; age twenty (1872), born in Philadelphia, white, single. He had no occupation nor religion; he could read and write.

When he was first admitted he remained only a few weeks. He was six months at the Pennsylvania Institution for Feeble-Minded Children, at Elwyn, Pa.

There was no insanity known to exist in his family.

When he was seven years of age the patient had a fall of about four feet, striking upon his head and inflicting a deep scalp wound. This wound, however, healed up quickly and kindly, and did not appear to leave any bad effects. At thirteen years of age he began to show signs of great depression of spirits; previous to this time he seemed to have a good disposition, and was obedient, moral, and cheerful. He now would not play at games with his friends, etc., but preferred to be alone and remain quiet; he would sneak off in a corner by himself. He was addicted to the habit of masturbation at this time, and it is believed that he continued to practise this habit.

When he was fourteen years of age, chorea developed, and a few months later symptoms of insanity began to appear, and gradually increased until his nineteenth year, when the disease assumed a chronic form.

He has hallucinations of sight and hearing. He will frequently address people as "brother Billy," and also call some person by an unknown name. He will point towards a certain spot, and talk, scold, and swear at imaginary people by the hour. He will talk to himself, asking and answering questions, etc. He has

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\* Carefully prepared notes were furnished by Dr. Da Costa, one of the assistant physicians to the hospital.

shown at times a disposition to injure others when he becomes enraged, but he has never threatened or attempted suicide. He is filthy in his habits, and destructive to clothing, furniture, etc.

He never used stimulants in any form, and neither smoked nor chewed tobacco. His physical condition is good.

The following is a sample of the conversation of this patient, which was, as is always the case, accompanied by striking attitudes, exhibiting every phase of emotion, and passing from tears to laughter with great rapidity :

"I shot you, brother Willie. It is grandfather. Do you love Mike? I do, Mr. Quinn. Say, Mr. Quinn, what do you see? I see a corpse in behind, it is brother Willie. Brother Willie is dead." (This with tears.) "No, it is the devil, the devil after Mike!" (This with a look of abject terror.) "He is gone, Doctor. Did you see grandfather up there? He is going to the almshouse." (This with laughter.) "Go to hell, damn you, you dirty dog, you louse," etc. (This with an appearance of frightful rage.) And so he continues for hours every day.

*Stuporous Melancholia with Cataleptoid Symptoms—Effect of Inhalation of Nitrite of Amyl.*

S. E. was admitted to the hospital Oct. 18, 1885, aged twenty-eight years. He was born in Poland, and does not speak English; was married, and was a peddler. About two weeks before admission he showed signs of great fear and suspicion, raving occasionally. A physician said he had typhoid fever, and he was carried to the hospital in an ambulance, fighting violently when he was taken out of it. On admission he was thought to be suffering from acute melancholia. In a day or two he passed into a condition of stupor, refused food, and had to be fed with a tube; soon after this cataleptic symptoms developed. He remained in this state for ten months, and then he began to eat of his own accord, if he was put at the table, and a fork placed in his hand. His urine and fæces apparently passed involuntarily, and saliva dribbled constantly from his mouth.

His tongue was pale and coated. He had no apparent defect of sight or hearing, and his lungs were in a normal condition. His heart action was normal but weak, and his pulse 92 and small.

Oct. 18, 1885.—Harsh respiration and impaired percussion-resonance were present at the left apex. He was in a markedly cataleptic state, with limbs, head, and even the lower jaw remaining for a long time in any position in which they were placed. After a time tremor began in the part placed in any fixed position, and became more marked until it returned to its place from exhaustion. When in the usual position he showed considerable contraction of the flexors, which took some force to overcome; but when a limb was extended it took more force to put it back, the resistance being apparently volitional, and ceasing when the part became tired. He sat with an expression of pro-

found gloom, alternating with one of abject terror, probably caused by frightful hallucinations. His hands and feet were blue and cold, and his appetite poor. The bowels were constipated. His pupils were dilated and equal, and reacted to light. The reflexes were exaggerated. There was excess of phosphates, but no albumen in the urine.

He was placed on tri-weekly inhalations of six drops of amyl nitrite, the amyl being used to the point of marked flushing of the face. After the first inhalation he got up voluntarily and walked for twenty minutes, a thing he had not done for months.

Since these administrations he has developed a new symptom: if a motion is started, such as moving his head backwards and forwards, or clapping his hands together, he will continue it until he is exhausted.

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#### FURTHER NOTE ON A CASE OF TREPHINING FOR TRAUMATIC EPILEPSY.

In the January number of this JOURNAL a case of trephining for traumatic epilepsy was reported by Charles K. Mills, M.D., and J. William White, M.D. The patient was a young man twenty-six years old, who had suffered from fracture of the skull from a pistol-shot. He had severe convulsions, which were presumably due to inflammation of the dura mater. Fragments of bone were removed from the dura mater by the operation. The operation was performed January 27, 1886, and the history of the case published in the JOURNAL extended only to Feb. 11th.

The patient made a perfect recovery from the operation; and since that date has had two convulsions and a slight attack of partial unconsciousness. He is still very slightly paretic on the left side.

Comparing his condition during the ten months since the operation with that during the four months preceding, a very great improvement has resulted. During the four months preceding the operation he had eight severe convulsions altogether, including one just prior to the operation. In the ten months since he has had only two convulsions, and his general condition is good.